American Optometric Association
NEWS

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Volume 47 August 2008 No. 2

Medicare meltdown averted as physician payment bill passed

After a sustained campaign by the AOA and a national coalition of patient and provider groups, the Medicare Improvements for Patients and Providers Act of 2008 (H.R. 6331) has become law following votes in Congress July 15 to override President Bush's veto.

The AOA-backed bill averts a massive cut in Medicare physician reimbursement over the next 18 months and provides positive payment updates through 2009 to be funded through reductions in subsidies to Medicare Advantage plans. The measure also contains an important provision that blocks implementation of an unfair and expensive Durable Medical Equipment Prosthetics, Orthotics and Supplies (DMEPOS) accreditation regulation that the AOA has strongly opposed.

The AOA Board of Trustees, leaders and staff of state optometric associations, Advocacy Group volunteers, federal Keypersons and AOA-PAC supporters were central to optometry's successful effort to be heard on Capitol Hill on the urgent Medicare payment, DME and other issues this important legislation affects.

"The AOA Washington office extends thanks to all the doctors, students and staff who contacted members of Congress at key times during the legislative process," said Jon Hymes, AOA Washington office director.

A summary of key provisions of the Medicare Patients and Providers Improvements

See Medicare, page 4

AOA hires 'prestigious' national law firm to represent association

Citing the need for wide-ranging legal expertise, the AOA announced July 29 that it has hired national law firm Stinson Morrison Hecker LLP, as general counsel for the association.

In this new arrangement, "the AOA will have access to the broad expertise of a full-service national law firm," said AOA President Pete Kehoe, O.D. Wayne Henry, a partner with the firm, will be serving as external general counsel for the AOA. Additional legal expertise will be provided by the firm's offices in the Midwest and Washington, D.C.

"The entire AOA management team is supportive of this move and appreciates the benefits of access to the specialized expertise of such a prestigious firm," Dr. Kehoe said.

"During my first several years on the AOA board, we

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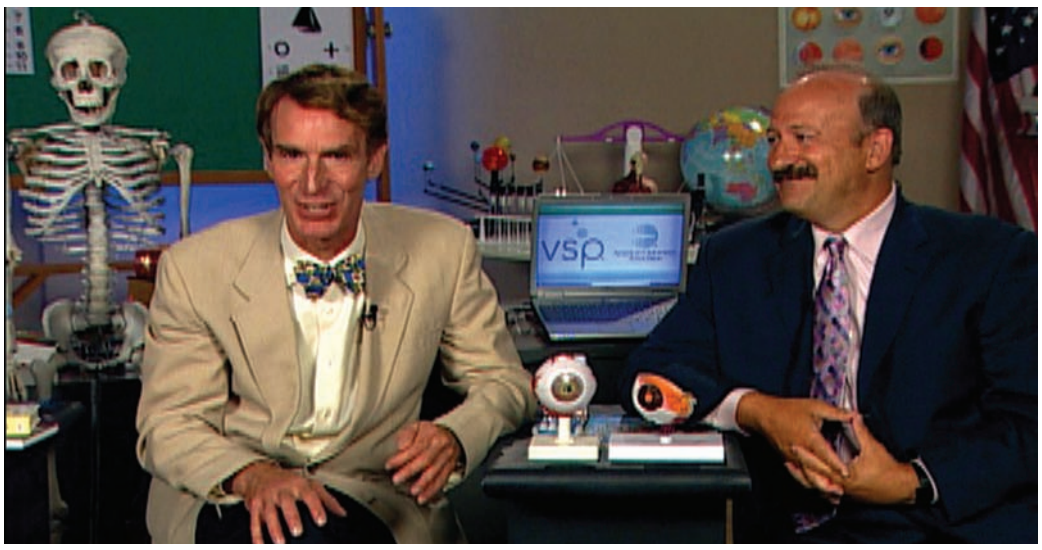

Bill Nye the Science Guy, left, and Leonard Press, O.D., take reporters' questions during a Ready for School satellite media tour July 31.

AOA, VSP team up to raise awareness of need for eye exams

Covering 29 cities in just a few hours, Bill Nye the Science Guy and Leonard Press, O.D., appeared live on TV and radio stations as part of a satellite media tour July 31. The "tour" included multiple national outlets.

They used the opportunity to discuss the importance of eye examinations before school begins and to urge parents to visit *mychildsvision.com*.

The site, jointly hosted by the AOA and Vision Service Plan (VSP), includes an Eye Care Discovery Activity Guide and questions and answers about topics such as school vision

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How often should you see the dentist?

If you asked any parent, and most adults, in America that question, I'm sure nine out of 10 would say "every six months."

Our colleagues at the American Dental Association (ADA) have spread that message since 1956 when "look ma, no cavities" debuted in cooperation with toothpaste manufacturers. Their underlying message was that "clean teeth were healthier teeth" and their call to action was a six-month checkup cycle to prevent tooth decay or worse, tooth loss.

This single "every six months" educational campaign has endured 40 years and is the main reason that when parents in America are surveyed, they know the answer is: "six months to ensure good dental health" for their children and most adults.

While we all know, sometimes firsthand, the painful consequences of NOT going to the dentist, I think the ADA (and the individual dentist) has done something more than scaring people into dental offices. Their profession has been a leader in letting people know that preventive care, and regular checkups, is the right thing to do.

We need your help so 90 percent of Americans know the answer to the question: "How often should I see my optometrist?"

The AOA has been successful in getting the word out about how important eye exams are for a lifetime of healthy vision.

Children's vision legislation keeps moving forward. I'm thrilled to know that kindergartners in my home state of Illinois will start this school year having had an eye exam.

With each state law, we not only identify children with problems earlier, we gather data showing the magnitude of refractive error, strabismus, amblyopia and even life-threatening conditions. At the national level, we use these facts and have gained enthusiastic advocates for the children in America as national children's vision legislation moves forward.

The public is gaining awareness of the consequences of skipping visits to the eye doctor through the AOA's American Eye-Q® survey and other awareness campaigns, such as reaching out to the "mommy bloggers." We are educating people that amblyopia, glaucoma and other eye diseases are treatable – if caught early.

The public has picked up on the AOA's message that contact lenses are not cosmetics, and problems can be avoided by regular trips to their optometrist and listening to the doctor's recommendations.

But, while we've had success, our mission is not over. I think as an organization we've done a good job of letting the public know why they need to schedule the trip to the optometrist – but we have a long way before they know how often. And that is where you come in.

Fortunately, over the last 10 years, the AOA has developed 20 Optometric Clinical Practice Guidelines for all ages and conditions. Each of the optometric practice guidelines has been developed by a consensus panel of optometrists who were selected for their knowledge and experience in their area.

It's our job as health professionals to educate our patients on what they need to do to enjoy a lifetime of healthy vision.

Since it's back-to-school time and usually mom is the health care decision-maker for the entire family, let's start with children who aren't at risk: *The AOA guidelines recommend an exam at 6 months (please sign up and promote our InfantSEE® program), another at age 3, another before the child starts school and (at least) every two years thereafter.*

For adults not at risk, the guidelines recommend an exam every two years – or as the OD recommends – until age 61, when annual eye exams are recommended.

Dr. Kehoe

The guidelines define "at risk" to include patients with diabetes, hypertension, a family history of ocular disease, or whose clinical findings increase their potential risk; those working in occupations that are highly demanding visually (like students) or are eye hazardous; those taking prescription or nonprescription drugs with ocular side effects; those wearing contact lenses; those who have had eye surgery; and those with other health concerns or conditions.

It's our job as health professionals to educate our patients on what they need to do to enjoy a lifetime of healthy vision.

If we all would take just 30 seconds at the end of every exam, every day, and educate our patients that two years is the most they should go without a return trip to your office — and spend a few more seconds to explain why a patient is at risk and needs to be seen more often — then at least your patients

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Medicare,

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Act follows:

- The law eliminates the 10.6 percent cut that occurred July 1 in the Medicare physician fee schedule. As a result, the single conversion factor will be $38.0870 for the remainder of 2008.
- Congress also approved funding to stop a 5 percent cut that would have occurred Jan. 1, 2009, and has mandated a 1.1 percent increase for the 2009 update. This physician payment "fix" will increase Medicare reimbursement to optometrists by approximately $160 million over the next 18 months. In addition, third-party payer fee schedules that are tied to Medicare rates should rise accordingly, according to the AOA Washington office.
- The act authorizes a 2 percent bonus payment for reporting quality measures in 2009 and 2010. Medicare is currently paying a 1.5 percent bonus for reporting in 2007 and 2008.

"The bonus is calculated based on the physician's entire Part B reimbursement for the year," Hymes said. "The AOA encourages members take advantage of this opportunity."

This physician payment "fix" will increase Medicare reimbursement to optometrists by approximately $160 million over the next 18 months. In addition, third-party payer fee schedules that are tied to Medicare rates should rise.

The law also requires the Centers for Medicare & Medicaid Services (CMS) to publicize the names of doctors and practices who are participating in the Physician Quality Reporting Initiative (PQRI).

- The law exempts physicians from DMEPOS accreditation until the CMS creates standards designed specifically for physicians.
- It also gives the CMS the authority to exempt physicians permanently from DMEPOS accreditation.
- The bill also revised a section of the law to allow optometrists to perform face-to-face examinations of Medicare beneficiaries, if required, for prescribing DMEPOS.

These provisions went into effect June 30, 2008, and more information about the DMEPOS changes will be provided when it is released by the CMS.

Also, in order to achieve a final resolution, the AOA – both independently and through a coalition of physician organizations – is urging the CMS to use its new authority to exempt optometrists and other physicians from accreditation due to licensure, education, and training.

- The law authorizes an additional 2 percent bonus in 2009 and 2010 for physicians on all Medicare claims if they successfully use e-prescribing. The bonus is phased out by 2014, and the CMS will begin penalizing doctors who don't e-prescribe by 2012.
- It reforms the Medicare Advantage private-fee-for-service plans to require them to have adequate networks with contracted physicians. This prevents such a plan from "deeming" a doctor to accept all of the plan's terms and conditions when the doctor treats a single beneficiary in such a plan.
- It reduces bonus payments to private Medicare Advantage, totaling $12.5 billion over five years.
- It continues a provision that had been in effect for several years preventing the CMS from reducing Medicare payments in lower-cost geographic areas.
- It extends Medicare coverage of as-yet-undetermined preventive services.

Back to business

With Medicare fee fix legislation now settled law, the AOA Washington office is recommending that doctors submit claims and follow carrier guidance to ensure full payment for services provided since July 1. The CMS and Medicare contractors are now in the process of posting the revised fee schedule. However, the agency has warned that it may take 10 days to implement the new rates.

The AOA Washington office has also learned that contractors intend to automatically reprocess claims that were paid at the lower rate since July 1.

Optometrists who submitted claims for services provided since July 1 with submitted charges that were not as high as the fee schedule rate in effect for the first half of the year should seek information from their contractor for additional directions.

Non-participating physicians who submitted unassigned claims at the reduced amount after July 1 will need to request an adjustment by their contractors, reports the AOA Washington office.

The CMS will also issue guidance on collecting correct co-insurance amounts from patients.

For more information, contact Kelly Hipp at *khipp@aoa.org* or 800-365-2219, ext. 1346 or Rodney Peele at *rpeele@aoa.org* or 800-365-2219, ext. 1348.

AFOS, AOA secure change in CL sales via military POs

The Armed Forces Optometric Society (AFOS) and the AOA worked together to get the nation's largest online contact lens retailer to discontinue its practice of selling contact lenses to servicemen and women overseas without requiring prescription verification.

In response to a letter from AFOS President Lt. Col. Daniel E. Reiser, O.D., 1-800 Contacts not only took a Web site icon advertising the service down, but changed its policy of selling to Army Post Office (APO) or Fleet Post Office (FPO) addresses.

The policy of offering overseas military personnel the option to purchase contact lenses without a valid prescription is in violation of the federal Fairness to Contact Lens Consumers Act (FCLCA).

The 1-800 Contacts Web site icon, when selected, stated that APO/FPO orders do not require contact lens prescription verification.

APO and FPO addresses are used to deliver mail through the Overseas Military Mail system established by the Department of Defense in cooperation with the U.S. Postal Service.

"This representation appears to release your company from its legal obligation to verify prescriptions under the current U.S. law. As you know, the intent of this safety provision in the FCLCA is to ensure that a patient's prescription is current and accurate and that the patient will not be harmed by filling it," wrote Dr. Reiser in the letter to 1-800 Contacts.

1-800 Contacts removed the icon from its Web site shortly after receiving the letter from AFOS objecting to the company's policy of providing lenses without prescription to U.S. citizens at APO or FPO addresses, but AFOS was only recently informed of the change in policy.

"This is a good example of AFOS leadership working hand-in-hand with the AOA leadership and staff to do what is right for our federal service patients," said Steven R. Sem, O.D., executive director of AFOS. "The results speak volumes about what we can get done if we work together."

Dr. Sem, a retired U.S. Air Force colonel, said the policy actually placed military personnel and their dependents at risk of potentially serious eye problems.

Contact lens wear in the sometimes adverse environments encountered by overseas military personnel requires the periodic eye examination that the FCLCA contact lens prescriptions requirements are designed to ensure, he said.

In addition to raising concerns regarding the eye health of military personnel, the retailer's practice of providing lenses through the overseas military mail, without prescription, serves to spotlight potential dangers related to the sale of lenses outside the country as well as jurisdictional issues regarding the FCLCA, Dr. Sem said.

The AOA helped organize a meeting to discuss the FCLCA and 1-800 Contacts' overseas sales policy with representatives from AFOS, the American Academy of Ophthalmology and the AOA at the Federal Trade Commission office in Washington, D.C.

"I have been very impressed with the AOA's support to AFOS in addressing this potentially sight-threatening issue and furthering our AFOS mission of advancing, improving, and enhancing the eye care of designated federal services health care beneficiaries," said Dr. Reiser.

Rep. John Dingell (D-Mich.), right, chairman of the Energy and Commerce Committee and the longest-serving member of the U.S. House of Representatives, is presented with the AOA Health Care Leadership Award by Jon Hymes, AOA Washington office director.

AOA thanks Chairman Dingell for role in averting meltdown

Rep. John Dingell (D-Mich.), chairman of the Energy and Commerce Committee and the longest-serving member of the U.S. House of Representatives, was presented with the AOA Health Care Leadership Award by Jon Hymes, AOA Washington office director.

Rep. Dingell led the successful effort in Congress this month to avert massive cuts in Medicare physician payments and helped guide the AOA-backed Vision Care for Kids Act to House passage last October.

Unfortunately, "priority" legislation, the Vision Care for Kids Act, fell short in a U.S. Senate vote.

Although optometry has helped to ensure that children's vision and learning have been recognized as a health care priority in the 110th Congress, it appears that a final push this year to enact the AOA-backed Vision Care for Kids Act (H.R. 507) has fallen short due to deep partisan differences.

In a key procedural vote on July 28, the U.S. Senate voted against considering the Advancing America's Priorities Act (S. 3297), a package of 35 bills with bipartisan support that have stalled this year in the Senate after winning approval in the U.S. House, including H.R. 507.

Prior to the vote, a number of senators who planned to oppose S. 3297 informed the AOA Washington office or their local optometrists of their strong support for children's vision legislation and H.R. 507.

However, they also detailed procedural concerns and their view of other provisions of the broader bill as wasteful or unnecessary. In the end, the Senate vote fell almost entirely along party lines.

It is notable that at the urging of the AOA, the Vision Care for Kids Act was among a group of just six health care bills selected by Senate Majority Leader Harry Reid (D-Nev.) for inclusion in S. 3297. Health care provisions of the Advancing America's Priorities Act (S. 3297) included:

- The Vision Care for Kids Act (H.R. 507 / S. 1117), backed by the AOA
- The Amyotrophic Lateral Sclerosis "Lou Gehrig's Disease" Registry Act
- The Christopher and Dana Reeve Paralysis Act
- The Stroke Treatment and Ongoing Prevention Act
- The "MOTHERS" Act to combat postpartum depression and related conditions.
- The Prenatally and Postnatally Diagnosed Conditions Awareness Act to aid individuals and families impacted by Down syndrome.

Following the vote, the AOA Washington office team contacted Senate Majority Leader Reid's office as well as the Senate sponsors of the Vision Care for Kids Act – Sens. Kit Bond (R-Mo.) and Chris Dodd (D-Conn.) – to assess other opportunities to advance the bill this year.

In 2006, the AOA began discussions with Sen. Bond and Reps. Bill Pascrell (D-N.J.), Gene Green (D-Texas), John Boozman, O.D. (R-Ark.) and Ileana Ros-Lehtinen (R-Fla.) that resulted in the January 2007 introduction of the Vision Care for Kids Act.

In the weeks that followed, 167 members of Congress added their names as co-sponsors of the legislation, and the U.S. House overwhelmingly approved it last October.

The Vision Care for Kids Act specifically recognizes the link between a child's healthy vision and the ability to succeed in the classroom. It seeks to establish the first-ever federal grant program – set to be authorized initially at $65 million – to bolster state children's vision initiatives.

By placing a new emphasis on treatment, the bill is aimed at doing more to ensure that no child in America is left behind due to a preventable or treatable vision problem.

HHS-OIG: MIPPA will not require adjustment of co-pays

Health care providers will not have to retroactively increase Medicare Part B patient co-payments in the wake of last month's Medicare physician fee schedule adjustments, according to the U.S. Department of Health & Human Services Office of Inspector General (HHS-OIG).

To encourage prudent use of Medicare-covered services, federal law requires health care practitioners charge Medicare Part B patients co-payments (generally 20 percent), based on the Medicare-authorized reimbursement for any services provided.

The recently-enacted Medicare Improvements for Patients and Providers Act (MIPPA), which retroactively increased Medicare Part B physician reimbursements for services provided during early July (see related article), also effectively retroactively increased the co-payments required for those services, the HHS-OIG noted in a recent bulletin.

Normally, that would mean a "retroactive beneficiary liability" for Medicare Part B patients who received services during that period, the HHS-OIG notes.

However, the HHS-OIG last month issued a special "safe harbor" exemption from the federal anti-kickback statute, eliminating the need for health care providers to recalculate co-payments and re-bill patients as a result of the fee schedule adjustments in the MIPPA legislation.

Ordinarily, waiver of Medicare cost-sharing amounts by a health care provider can be considered an improper inducement to a beneficiary under the federal anti-kickback statute, potentially subjecting the practitioner to civil monetary penalties or even exclusion from the Medicare program.

The HHS-OIG issued a similar exemption from co-payment revision after Congress retroactively reversed a Medicare physician payment cut in early 2006.

Clarification

The Medicare Improvements for Patients and Providers Act, passed by Congress last month, authorizes incentives for e-prescribing under Medicare. An article in the July *AOA News* incorrectly indicated the incentives would be limited to Medicare Part D. The incentives will take effect Jan. 1, 2009, for all Medicare claims.

Federal regulations issued last year implementing the Medicare Modernization Act (MMA) require all computer-generated prescriptions for Medicare Part D to comply with the National Council of Prescription Drug Programs Script standard and thus be transmitted electronically and not by computer-generated fax, starting Jan. 1, 2009.

Optometrists can determine if they are ready to issue pharmaceutical prescriptions electronically under Medicare using the new Electronic Prescribing Readiness Assessment site, *www.GetRxConnected.com/Optometric*.

Santiago named first dean of Arizona College of Optometry

Midwestern University (MWU) announced the appointment of Hector C. Santiago, O.D., Ph.D., as the inaugural dean of the new Arizona College of Optometry, scheduled to open in August 2009.

For the past 24 years, Dr. Santiago has served at the Inter-American University of Puerto Rico School of Optometry, where his career included positions as the assistant dean of Student Affairs, dean of Academic Affairs, and, since 1997, dean of the school.

"Dr. Santiago is a great addition to the administrative team of Midwestern University," said Kathleen H. Goeppinger, Ph.D., president and chief executive officer. "He brings a wealth of knowledge in optometric education and quality programs and has an outstanding track record as an academic and administrator. His past experience as dean of the Inter-American University of Puerto Rico School of Optometry will help Midwestern University establish an outstanding educational opportunity for our students, a role model for our new faculty, and an exceptional new college."

Dr. Santiago earned his Ph.D. from the University of Texas Graduate School of Biomedical Sciences, completed a National Institutes of Health fellowship, and received his doctorate in optometry from the New England College of Optometry.

He is an accomplished researcher, has published extensively, and is active in a number of national associations, including the Association of Schools and Colleges of Optometry, where he served as president last year.

Internationally, Dr. Santiago has been an invited lecturer in more than 12 countries and currently serves as secretary-treasurer of the Latin American Association of Optometry and Optics.

Midwestern University's new Arizona College of Optometry will be the only optometry program in the state, and only one of 19 in the country.

Midwestern University is a graduate degree-granting institution specializing in the health sciences with seven colleges and two campuses—Illinois and Arizona.

The Arizona campus, located on a 144-acre site in Glendale, is home to more than 1,700 students and five colleges: the Arizona College of Osteopathic Medicine, the College of Pharmacy-Glendale, the College of Health Sciences, and the College of Dental Medicine, and the Arizona College of Optometry.

Firm,

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utilized an outside general counsel. Several years ago the decision was made to eliminate outside general counsel and bring as much legal work in-house in an effort to better utilize the members' dues dollars," he noted.

"Our in-house legal team has done a good job for the AOA and affiliates in recent years. The Office of Counsel included four full-time attorneys and a support staff," Dr. Kehoe said. "However, as we've reviewed our strategic plan for the future changes in health care, we saw a need for more expertise than we can expect from an in-house team. Also, in comparing our legal expenses to associations of similar size, it was clear that we could once again seek outside general counsel with a diversified expertise and better utilize our members' dues dollars."

According to Dr. Kehoe, "This decision was not made hastily; and as a board, we have appreciated all the past efforts of our legal team led by General Counsel Lance Plunkett, and including Associate General Counsel Deborah Arbogast, Associate General Counsel Elizabeth Ortmann-Vincenzo, Associate General Counsel Jeanne Serra and administrative assistant Kim Dixon."

Henry is chairman of Stinson Morrison Hecker LLP's Nonprofit Tax-Exempt Organizations Practice Group. He serves as outside legal counsel for a wide range of nonprofit organizations, including hospitals and related entities, colleges and universities, low-income housing, college housing and organizations that are assisting governmental entities with large diverse government projects. He is listed in *Best Lawyers in America for Health Care Law* and *Non-Profit/Charities Law.*

Henry was formerly a government trial attorney in the Chief Counsel's Office of the Internal Revenue Service, where he handled federal tax cases for the IRS, including cases involving tax-exempt organizations under Section 501(c)(3) of the Internal Revenue Code. His experience encompasses tax-exempt organizations with respect to various organizational and operational issues dealing with business and tax planning, including joint ventures and challenges to exempt status, together with federal audits and litigation.

A graduate of Creighton University, Henry has represented hospitals and related entities with respect to all business and regulatory issues, including challenges to their tax-exempt status under section 501(c)(3) and state law, conducted legal reviews and audits of joint venture arrangements between nonprofit and for-profit entities and assisted with structuring such joint ventures and reviewed hospital/physician agreements for federal regulatory issues, including Stark and anti-kickback issues.

As a national expert in the health care and tax-exempt areas, Henry has been interviewed and quoted in *USA Today*, *Modern Healthcare* and *Health Leaders* on a number of health care tax-exempt issues.

Henry served as a member of the HFMA Chairman's Task Force on Tax-Exempt Status of Institutional Healthcare Providers, a Washington, D.C., group that studied tax-exemption for hospitals. He is also a former Adjunct Professor of Law at Creighton University where he taught federal taxation.

Henry has worked with the American Hospital Association to assist with an IRS enforcement initiative against tax-exempt organizations.

Half of ODs' patients now in managed care

Almost four out of five patients (79.6 percent) in the typical optometric practice are now covered by public or private insurance plans, according to the AOA's new 2008 Third-Party/Managed Care Survey.

The survey finds that fully half (50.5 percent) of optometrists' patients are now covered under private insurance plans (up from 48 percent two years ago), with another 29.1 percent covered under government health plans such as Medicare or Medicaid (up from 28.5 percent).

In addition, the survey finds that, for the first time, public and private managed care plans account for just over half (50.9 percent) of the patients in the typical optometric practice.

The AOA Information & Data Committee conducts Third-Party/Managed Care Surveys every two years to track growth in insurance coverage for optometric services. Results of the latest survey, reflecting practice conditions in 2007, were released last month.

Survey respondents widely reported they have increased participation in both managed care and traditional fee-for-service plans over the past two years.

Almost two-thirds (65.3 percent) of survey respondents report they are seeing more patients as a result, and half (50 percent) say gross revenues have increased.

However, only a third (35.5 percent) of responding optometrists said they are realizing greater net income, according to the survey.

That is because, as a result of that increased managed care participation, more than half (58.8 percent) of patients in a typical optometric practice now receive discounts on eye examinations. Those discounts now average 29.4 percent, the survey finds.

In addition, almost half of optometric patients now receive discounts on their eyewear — averaging almost one-third (31.9 percent) off — and that discounting increasingly extends to contact lenses.

Fortunately, according to AOA Information & Data Committee Chair Richard C. Edlow, O.D., the survey also shows optometrists continue to provide a growing range of both eye and vision care services under third-party plans (see related article).

Vision Service Plan (VSP) remains the dominant third-party plan in the typical optometric practice, accounting for 22 percent of patients and 18 percent of revenue (see box).

Medicare remains the most important public sector plan in optometric practices with its fee-for-service and managed care plans together accounting for a total of 17.7 percent of patients and 15.7 percent of revenues.

Although Medicare managed care practices have been widely promoted to patients over recently years, optometric practices have seen only modest increases in patients or revenues associated with those plans, the survey finds.

The AOA's 2008 Third-Party/Managed Care Survey was based on a stratified sample of 4,000 AOA members who were sent the survey in April 2008. Responses reflect practice conditions during calendar year 2007. The response rate for the survey was 10.7 percent.

For additional information, see "National Highlights: 2008 Third-Party/ Managed Care Survey" under the "Manuals/ Guides/Surveys" heading on the "Doctors" page of the AOA Web site (*www.aoa.org*) or the Practice Strategies section of the November edition of *Optometry: Journal of the American Optometric Association*.

Optometry's role in managed care continues to grow

"Optometrists continue to provide more eye care – in addition to vision care – under third-party plans," notes Richard C. Edlow, O.D., chair of the AOA Information & Data Committee. "And, they are providing more eye care under managed care plans as well as under fee-for-service plans."

In addition to providing routine eye examinations under managed care plans, nine out of 10 optometrists (90.3 percent) provide contact lens services, according to the AOA's 2008 Third-Party/Managed Care Survey.

Almost four out of five (78.8 percent) dispense eyeglasses or contact lenses to managed care patients.

More than three-quarters (76.8 percent) of optometrists with the necessary statutory authority treated glaucoma under managed care plans.

Some 70 percent co-manage cataract patients, and more than two-thirds (68.3 percent) co-manage refractive surgery patients under managed care.

More than nine out of 10 (91.7 percent) are authorized to refer managed care patients directly to specialists, and well over half (60.2 percent) serve as the gatekeepers for all eye care under managed care plans.

One in five optometrists (20.9 percent) now provide vision therapy under managed care plans.

Patients Covered by/Revenue from Third-Party Sources

(Mean Percent, 2007)

SOURCE	% PATIENTS	% REVENUE
VSP	22.0	18.0
Other self-directed vision plans	9.7	8.8
HMOs (private sector)	6.4	5.2
Other managed care	8.4	7.8
Other private indemnity/discount plans	4.0	3.5
Medicare HMOs	4.4	3.5
Medicare fee-for-service	13.3	12.2
Medicaid	8.8	6.6
Other government plans	2.6	2.2
No Third-party coverage	20.4	—--
Patient out-of-pocket payments	—--	32.2
TOTAL	100.0 %	100.0%

InfantSEE® continues outreach to "mommy bloggers"

Online "mommy bloggers" continue to express interest in spreading the word about infants' vision and the InfantSEE® program.

At the request of two bloggers, InfantSEE® is developing a "badge"—a graphic with the InfantSEE® logo that serves as free advertising and links back to the InfantSEE® Web site.

It will soon be available for bloggers and InfantSEE® providers alike.

Optometrists who would like to add the badge to their Web sites should send a request to *infantsee@aoa.org*.

On Sunday, June 8, InfantSEE® Committee Chair Scott Jens, O.D., participated in a live interview via the Web with *MumstheWurd.com* founders Laura and Amy. Listen to their interview at *http://www.blogtalkradio.com /mumsthewurd*.

InfantSEE® welcomes every opportunity to collaborate with moms who blog because their online medium through conversation and information sharing helps get the word out about InfantSEE® to more and more moms.

Older treatment may be more effective in preserving sight for some patients with diabetes

A promising new drug therapy used to treat diabetic macular edema proved less effective than traditional laser treatments in a study funded by the National Eye Institute (NEI), part of the National Institutes of Health (NIH).

The study, published online in July in the journal *Ophthalmology*, demonstrates that laser therapy is not only more effective than corticosteroids in the long-term treatment of diabetic macular edema, but also has far fewer side effects.

Between 40 and 45 percent of the 18 million Americans diagnosed with diabetes have vision problems, such as diabetic macular edema. Starting around five years ago, early reports of success in treating diabetic macular edema with injections of a corticosteroid called triamcinolone led to the rise in popularity of this alternative therapy.

This is the first study to compare the long-term benefits of both treatments and evaluate their potential side effects. While triamcinolone was used in this study, there is no scientific rationale at this time that one corticosteroid preparation should be substantially different from another.

"Results of this study should confirm the use of laser treatment for diabetic macular edema and will have a significant impact on quality of life for tens of thousands of people being treated for diabetic macular edema in the United States each year," according to Paul A. Sieving, M.D., Ph.D., director of the NEI.

Only diabetic macular edema was examined as part of this study. Macular edema from conditions other than diabetes may respond to corticosteroid treatment and laser treatment differently.

A total of 693 patients with diabetic macular edema participated in the study at 88 sites across the United States. Each person was randomly assigned to corticosteroid or traditional laser treatment.

Following the treatment, investigators tested each patient to determine whether the procedure had prevented substantial vision loss.

Investigators defined substantial vision loss as reading at least two less lines on a standard eye chart two years after entering the study.

In the corticosteroid-treated group, 28 percent experienced substantial vision loss as compared to 19 percent in the laser-treated group.

In addition, about one-third of the eyes treated with laser therapy showed substantial improvement in vision. Laser treatment had previously been perceived to prevent further vision loss, but not to improve vision.

Improvements in vision were not found in the only prior study evaluating laser treatment for diabetic macular edema because most subjects enrolled in that study already had good to excellent visual acuity and, therefore, no room to improve.

"Many of the investigators were surprised by the results," said Michael Ip, M.D., associate professor of ophthalmology at the University of Wisconsin, and chair of this protocol for the Diabetic Retinopathy Clinical Research Network.

Glaucoma van reaches patients throughout Chicago area

The Illinois Eye Institute (IEI) is enthusiastically serving patients with the help of a glaucoma van for the summer.

Staff uses the mobile van to travel up to 75 miles away from Chicago educating patients on the risk factors for glaucoma and other eye diseases and performing free assessments.

Rep. Danny Davis (D), of the 7th District of Illinois, helped IEI get the van through the Friends of the Congressional Glaucoma Caucus Foundation beginning in April.

IEI is the clinical division of the Illinois College of Optometry (ICO) and works with physicians from the Chicago Eye Institute and the University of Chicago's Department of Ophthalmology and Visual Sciences.

"Through this project we are building bridges with the community leaders and legislators," said Vince Brandys, O.D., director for Professional Relations and manager of the Glaucoma Van Project.

As part of the screenings, ICO students and IEI doctors take case history, check blood pressure, assess visual acuity, conduct frequency-doubling technology (FDT) visual field testing, use tono-pens and observe the optic nerve head.

"A lot of the patients are kind of shy, but when they realize what we're doing, they are on board to do it," said Emily Thompson, a third-year optometry student, who helps staff the glaucoma van.

The staff recommends patients have routine ophthalmic exams every one to two years and refers some patients for ophthalmologic or glaucoma consults based on their findings.

After the visit, patients, the glaucoma caucus and doctors all get copies of the assessment forms.

"It's partly education, but it's also a way to detect debilitating disease," said Dr. Brandys. "We've already diagnosed one patient with pituitary adenoma and others with cataracts and diabetic retinopathy."

With three technicians and two doctors, the van processes 15 patients an hour. The van has literature in both English and Spanish and has even made a visit to Chinatown with four translators. At that visit, the staff performed 126 screenings, which is the highest number since April.

Everything through the Glaucoma Van Project is free. To promote ongoing health care, the staff inquires about insurance and refers patients to the ICO Vision of Hope Health Alliance (VOHHA) if they are uninsured.

IEI partners with other agencies in Chicago to provide eye care and eyeglasses for uninsured, low-income adults.

Many patients suffer from underlying diseases that contribute to their eye problems, and the VOHHA connects these patients to primary health care providers.

"We see a lot of patients come in who don't realize that systemic diseases affect the eyes," said Dr. Brandys.

At left, Illinois State Representative Robert Rita (D-28th) and Vince Brandys, O.D.

"Through this project we are building bridges with legislators and the community."

"One woman was so grateful, she just kissed my hand. They're so happy. It's a great public service."

Patients with Medicare can also receive annual glaucoma screenings, which are a paid benefit since 2002 when the Congressional Glaucoma Caucus successfully helped pass H.R. 5543.

The success of the IEI Glaucoma Van Project is due in part to help from sponsors Advocate Health Centers, which donated $10,000, and Access Community Health, which donated $2,500.

Dr. Brandys also credited Rep. John Boozman, O.D., (R-Ark.) and his health care staff member Kathee Facchiano for their help securing the van.

Paraoptometric of the Year honored

AOA Immediate Past President Kevin Alexander, O.D., Ph.D., presented the 2008 Paraoptometric of the Year Award to Beverly Roberts, CPOA, the president of the Mississippi Paraoptometric Association at Optometry's Meeting® in Seattle.

"To say it's an honor to be named the Paraoptometric of the Year is the understatement of the year," said Roberts upon receiving the award.

Roberts is employed at the Family Vision Clinic in Magee, Miss.

She was named the state's Paraoptometric of the Year in 2007.

Roberts has worked tirelessly to revitalize the state paraoptometric chapter.

She is also active in the Mississippi Optometric Association (MOA) and the American Optometric Association.

She serves on the MOA's Education Committee and on the Summer Conference Committee as a paraoptometric representative.

She is a region leader on the AOA State Relations Committee.

Roberts contributes articles to the MOA's newsletter and participates in community-wide medical fairs in Magee, Mendenhall, and Mount Olive, with an emphasis on reaching elderly patients who have little or no access to proper health or eye care.

She has participated in a student health fair and focused on the field of optometry. She has also participated in a vision-screening program for medical doctors in the area.

Roberts also has experience in organizing vision screenings for students who had never had received vision care. The program was so well received that the school asked her to return to screen other age groups.

Roberts also devotes her time to serving as an elementary school reading tutor and mentor, serves in various capacities in her church congregation, and coaches YMCA softball.

AOA Immediate Past President Kevin Alexander, O.D., Ph.D., presents the 2008 Paraoptometric of the Year Award to Beverly Roberts, CPOA, the president of the Mississippi Paraoptometric Association.

Dentists,

from page 3

will be able to answer the question: "how often should I see my optometrist?"

The ophthalmic industry, the AOA and every optometrist needs to work cooperatively to help Americans develop healthy vision habits. The AOA will continue to deliver the global "why" message to the public. Your personal recommendations to your patients will complete the "how often" message. Refer to the AOA Optometric Clinical Practice Guidelines (available at *www.aoa.org*) when talking with your patients and in your education materials.

With your help, in 10 years, other health professionals will be asking "Why aren't we as successful as the optometrists at getting the preventive health message out to our patients?"

Faculty share ideas at Optometric Educators' Exchange

The third Optometric Educators' Exchange (OEE) brought together 41 optometric educators from across the United States and Canada for a full-day program June 27 at Optometry's Meeting®.

The program, built especially for optometric faculty by the AOA Faculty Relations Committee, offered a selection of informative lectures and the chance for participants to share information and experiences with each other in an intimate roundtable format.

Many attendees echoed the thoughts of post-program survey comments indicating the most valuable aspects of the day were "relevant lecture topics" and "discussion with colleagues who have similar experiences."

Breakout lecturer Elizabeth Hoppe, O.D., DrPh, MPH, dean of the Western University of Health Sciences College of Optometry, lectured on "Preparing a Manuscript for Publication in the Professional World."

Breakout lecturer Linda Casser, O.D., associate executive director of Clinical Examinations for the National Board of Optometry, discussed "Preparations of Assessments That Evaluate Clinical Thinking."

Exams,

from page 1

screenings and computer vision.

On the Web site, "eye-opening facts about classroom-related vision problems and comprehensive eye exams" include the following:

- According to the AOA, one in four kids in a classroom has vision problems and 60 percent of "problem learners" have undetected vision problems.
- According to the AOA's American Eye-Q® survey, only 39 percent of adults understand that behavioral problems can be an indication of vision problems.
- According to a 2007 survey by VSP Vision Care, 65 percent of children nationwide have not had an eye exam in the last 12 months. The AOA recommends children receive comprehensive eye exams beginning at 6 months, then 3 years old and annually when school begins.
- Comprehensive eye exams are necessary to detect problems that a simple vision screening can miss, such as eye coordination, lazy eye, and near and farsightedness.

Key messages

As part of the satellite media tour, there were key points that Dr. Press and Bill Nye conveyed:

For most children, good vision is critical for almost all classroom tasks.

- Without healthy vision, students can face unnecessary challenges not only in the classroom, but also to their mental, physical, social and emotional well-being.
- Ten million school children in America have undetected or undiagnosed vision conditions that can negatively affect learning. Sadly, awareness of this issue is very low.
- According to the American Eye-Q® survey, 87 percent of respondents were unaware that one in four children have a vision problem.

One of the most important things a parent can do to help their children succeed in school is to take them for a comprehensive eye exam.

- Vision screenings are not diagnostic and, consequently, do not necessarily lead to correction of problems; in reality, screenings only indicate a potential need for further care and they miss problems in many children.
- Eye exams are important because many conditions, especially chronic and systemic diseases and developmental problems, cannot be detected through an eye screening. As with all preventive health measures, it's important to have early and regular eye exams so that any problems can be diagnosed and treated at the onset of the condition.
- There is no reason to have even one child – let alone thousands – slip through the cracks and never reach their full potential because of preventable and treatable vision problems.
- During a comprehensive eye exam, an optometrist will evaluate several areas of a child's vision to ensure that learning is maximized through good vision. These areas include:
  - Visual acuity measured at several distances;
  - Focusing and accommodation skills;
  - Visual alignment and ocular motility;
  - Eye teaming and tracking skills;
  - Color recognition;
  - Eye-hand coordination; and
  - Overall eye or ocular health.

Early detection and treatment of vision disorders provides the very best opportunity to treat and correct problems to help children see clearly.

- If vision skills are lacking or the eyes are not functioning properly, it can lead to uncomfortable symptoms that can hinder a child's ability to learn. According to the American Eye-Q® survey, only 39 percent of adults understand that behavioral problems in children can be an indication of vision problems.
- The American Eye-Q® survey showed that 57 percent of children did not receive their first eye exam until age 5 or older. The longer a parent waits to take a child in for a comprehensive eye exam, the more difficult it is to treat a problem. In some cases, permanent damage may be done and irreversible vision loss may have occurred.

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CA #0633005

AOA to host upcoming EHR seminars

Confused about the transition from paper to pixels? Then mark your calendar for one of the AOA's upcoming "Building the Paperless Practice" electronic health records (EHR) seminars.

Upcoming EHR conferences will be held Dec. 5-6 in Baltimore, Md., and Feb. 20-21, 2009, in San Francisco.

With federal regulations changing quickly and new technology moving even faster, it is vitally important for ODs to make informed decisions concerning EHRs. These seminars will give ODs and office staff the practical tools and hands-on experience to make the best decision for their offices.

Speakers will include Kim Castleberry, O.D., Philip J. Gross, O.D., Kelly Kerksick, O.D., Francis McVeigh, O.D., Scot Morris, O.D., and Kirk L. Smick, O.D.

Presentations will cover what ODs need to know to comply with federal standards and how health information technology may affect future reimbursement.

Other presentations will cover all aspects of implementing EHRs in a practice, interoperability and security issues related to EHR products, and guidance on what to consider when investing in EHR and e-prescribing products, as shared by optometrists who have already adopted health information technology.

Attendees at the first AOA EHR conference in February rated the meeting highly.

- "Excellent to hear personal experiences!"
- "Great meeting, worth every cent and minute."
- "Very well thought out and excellent program! Very informative! Saved me a lot of time to attend this seminar versus spending time on researching vendors on my own."

Visit *www.aoa.org*.

Kanellos remembered

William E. Kanellos, O.D., died July 12, 2008, of heart failure. A five-time recipient of the Nevada State Optometric Association's optometrist of the year, Dr. Kanellos was the first optometric consultant to the state's Welfare Division. He was active in politics and was Keyperson to several senators and members of Congress.

Within AOA, his offices include chairing the Committee on Congress and Conferences and chairing the executive committees of the Administrative Division and the Membership Service Division. Past AOA President Tim Kime, O.D., notes that Dr. Kanellos was universally liked and made immense contributions to the profession.

Optometrist earns leadership role in military transformation

U.S. Navy Rear Adm. Michael H. Mittelman, O.D.

U.S. Navy Rear Adm. Michael H. Mittelman, O.D., has been named the new chief medical officer for the U.S. Joint Forces Command (USJFCOM), which is charged with coordinating operations among the various branches of the American military and with the North Atlantic Treaty Organization's (NATO) Allied Transformation Command.

Dr. Mittelman is the first optometrist – in fact, the first non-medical doctor – ever to become chief medical officer of the Joint Forces Command, and he acknowledges his new job is "a long way from the eye exam lane."

However, he contends his training as an optometrist has prepared him well for his assignment.

"I think we, as optometrists, have represented ourselves quite well as administrators in health care. As optometrists, we are trained to listen, observe and determine facts, and therefore should be pretty good at analyzing situations. Throw in a little common sense and you can have a good administrator," he said.

Currently the U.S. Navy's director of medical resources, plans and policy, Dr. Mittelman will now assume a similar position with Joint Forces Command, overseeing health care for members of the Army, Navy, Air Force and Marines who are involved in joint operations under all nine of the U.S. military's combatant commands around the globe.

In that capacity, he will also become the surgeon for the NATO Allied Transformation Command, meaning he will play a critical role in coordinating care for military personnel from other nations.

That in itself is a massive job, those close to the command acknowledge. The Joint Forces Command is in charge of providing health care for the more than 1.16 million active and reserve Army, Navy, Air Force and Marine personnel, civil servants and contact employees involved in command operations.

However, that will represent only half of Dr. Mittelman's responsibilities.

By virtue of its mission, the command has also been charged with overseeing a transformation of the armed forces to meet defense needs in the 21st century.

Dr. Mittelman is the first optometrist – in fact, the first non-medical doctor – ever to become chief medical officer of the Joint Forces Command.

"As command surgeon, Rear Admiral Mittelman will oversee the mission of leading the medical transformation of the armed forces of the United States," an official U.S. Joint Forces Command statement notes.

The Joint Forces Command is charged with integrating operations among the Army, Navy, Air Force and Marines through a four-part program of joint concept development and experimentation, joint training, and joint capabilities development, as well as providing joint forces.

Dr. Mittelman will have responsibility for all four of those missions with respect to health care.

As the Navy's chief Medical Service Corps officer and the first active-duty military optometrist ever to attain "flag grade" (admiral or general) rank in any branch of the American military, Dr. Mittelman already has an extensive resume.

He became the first optometrist ever to be designated as an Aerospace Optometrist in 1989.

He was also the first optometrist ever to command a Navy tertiary care hospital, becoming Commanding Officer of Navy Fleet Hospital Three in 1995 and, in 2000, assuming command of the U.S. Naval Hospital Okinawa, Japan.

After assuming command of the Naval Ophthalmic Support and Training Activity at Yorktown, Va., in July 1997, Dr. Mittelman facilitated the establishment of the Department of Defense Optical Fabrication Enterprise, which provides eyewear for personnel in all branches of service.

However, even Dr. Mittelman acknowledges that serving as chief medical adviser to the Joint Command during a period of transition in the U.S. military could offer some unprecedented challenges and opportunities.

In many respects, the military has always been in a state of transition, Dr. Mittelman notes, generally as the result of technological or geopolitical developments.

Today, under Secretary of State Robert M. Gates, both the U.S. military and its health system have formally adopted a "culture of change," Dr. Mittelman notes.

As widely reported, the military (and its health system) is now placing emphasis on response to new types of security threats, including biochemical weapons, and new types of conflicts, which in some cases may not involve traditional armies from nation-states.

For that reason, in place of the massive forces associated with the Invasion of Normandy, the military is increasingly transitioning to the development of specialized forces that can respond quickly when conflicts arise.

U.S. military health care is responding to the new environment in much the same way, Dr. Mittelman said.

Modular approach

In the past, the military has made it policy "to set down a heavy health care footprint" in a theater of operations, ready to provide whatever care might be needed, Dr. Mittelman said. "In order to be more agile, we are now being asked to provide smaller, more mobile assets with specific capabilities. It's a more modular approach to health care."

For example, the present operations in Iraq are producing demand for mental health care. Dr. Mittelman will be charged with ensuring that such care is available as needed for troops in theater – and also available when those troops return to garrison.

Today, deploying military health care personnel "is a matter of the 'right fit;' providing the right personnel who have the right training and the right skill sets to respond," Dr. Mittelman said. "And the ability to report back the lessons learned."

In addition, military leaders now recognize that change is likely to be a constant, with U.S. forces facing new weaponry and tactics on an increasingly frequent basis, Dr. Mittelman said.

For that reason, military leaders now review the "les-

see Military, page 14

Editor's note

AOA News is highlighting the admirable charitable work and exceptional patient care that distinguishes members of the American Optometric Association. Got a story to share? Drop a line to *RAFoster@aoa.org*.

Military,

from page 13

sons learned" following each major operation and constantly revise military doctrine to reflect them.

As the Joint Forces Command's chief medical adviser, Dr. Mittelman will now have responsibility for the assessment of lessons learned and subsequent revision of military doctrine related to health care. A major part of his new charge, Dr. Mittelman notes, will be the development of innovative new policies and procedures in military health care.

"I've got the responsibility to think outside the box and try new things in the future in line with the ever-changing rules of warfare," he said.

"I'm forever grateful for the education I received at the Pennsylvania College of Optometry."

There, the future admiral first became interested in public health under the tutelage of Anthony F. DiStefano, O.D., M.P.H. (who is now the college's vice president and dean for academic affairs).

Dr. Mittelman was also a student of Thomas L. Lewis, O.D. (then PCO's president) who "helped to teach me how to think out of the box."

ACOE honors Nyre

The Accreditation Council on Optometric Education (ACOE) honored Robert Nyre, O.D., at Optometry's Meeting® as he retired from the council.

Dr. Nyre, who is from Minot, N.D., has served on the ACOE for nine years. He was nominated to the council by the Association of Regulatory Boards in Optometry (ARBO), which nominates two of the 11 ACOE members.

"We have been privileged to work with Bob on the Council," said Larry D. Stoppel, O.D., ACOE chair from Washington, Kan. "His service to optometry, to optometric education and to the country has been outstanding. I am proud to call him my friend and colleague."

In addition to serving as a council member and participating in accreditation site visits to schools and colleges of optometry, optometric residency program and optometric technician programs, Dr. Nyre has also chaired the ACOE's Leadership and Professional Development Committee and served as a member of the council's Optometric Technician and Professional Optometric Degree Committee.

Dr. Nyre has a long history of service to the profession. He has served as a member and president of the North Dakota Optometric Association, the North Central Optometric Council and the North Dakota State Board of Optometry.

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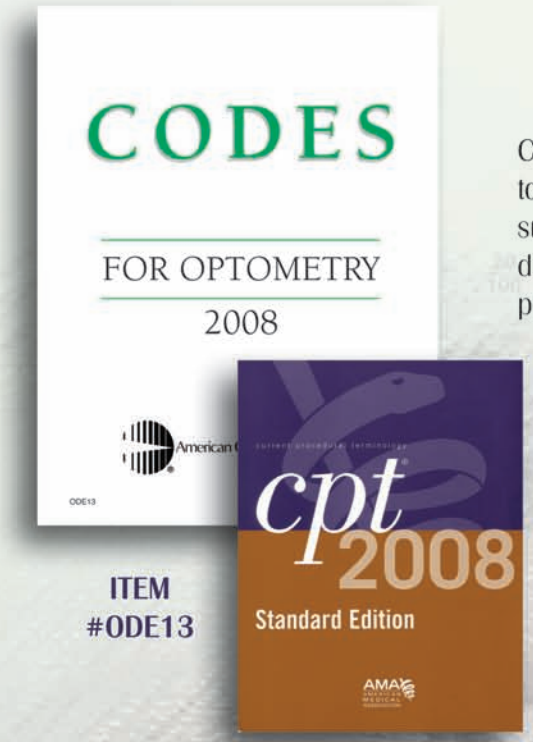

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Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council to express themselves on issues and products they consider important to the members of the AOA.

Industry Profile: Luxottica Group

The eye care professional plays a vital part in the patient's decision on how to protect his or her eyes from the sun's harmful ultraviolet (UV) rays.

The Luxottica Group takes all knowledge gained from the testing of the retail environment and tailors that knowledge to the needs of the eye care professional in the new Sunwear Destination Program, *Simply Sun*.

Simply Sun aids the eye care professional by using high-end display and marketing materials to maximize sun protection awareness for patients.

We at Luxottica believe that the power of fashion, branding, and sunwear as a stylish and cool accessory (rather than a medical device) makes it even more important for eye care professionals to be attuned to new, more effective ways of presenting the sunwear message—both plano and especially prescription—to their patients.

Every patient needs quality sunwear; whatever the lifestyle, all individuals need 100 percent UV protection and support in their sunglasses.

Simply Sun is a comprehensive destination sunwear program designed to help eye care professionals to promote the prevention of these UV-associated eye diseases by using brand visibility, training, consumer education, dedicated point-of-sale material and advertising to enhance opportunities for the eye care professional to increase profits.

This program optimizes opportunity by turning the patient's needs into wants.

Working together with *Simply Sun*

Simply Sun features 'power brands' that make eye health cool, fashionable, and fun.

There is a broad selection of styles for every fashion taste. Matching the right brand to each patient will enhance the likelihood that the patient will not only buy the glasses, but will also wear them.

For example, the Vogue brand is fresh, youthful, lively, and playful; and its spokesmodel is the glamorous Gisele Bündchen. This brand is perfect for a teenage girl who is looking to not only wear glasses for sight, but for fashion.

Also, Persol, the brand James Bond wears in the movies, is a great motivator for purchase and wear for the action-oriented man, just as Ralph Lauren is perfect for the affluent modern woman who embraces classic style.

Included in the *Simply Sun* package is:

- Staff training
- Consumer education materials
- Eye-catching displays
- Attention-attracting signage, banners, and other points-of-purchase

We invite you to join us in this quality program and educate the consumer on the importance of protecting their eyes from harmful UV rays.

For more information on Luxottica's new *Simply Sun* program, contact Anthony Vetrano at 516-918-3063.

Ready for school ad

Shown is DKNY 4578, a feminine optical model with a metropolitan line. "Modern and assertive, this style becomes a fashion statement with its small shape, oval lenses and a mask that curves softly at the ends," says Luxottica. The linear arms display a decorative pattern of bands that develops along their entire length. Color variations include dark orange/orange, maroon/pink, and black/ice. *www.luxottica.com*

First Insight software integrates with DrFirst for launch of e-prescribing solution

First Insight Corporation, a practice management and electronic medical records (EMR) software company, and DrFirst, a leader in electronic prescribing (e-prescribing) and medication reconciliation, announced the launch of a true "end-to-end" e-prescribing solution.

First Insight's software integration with DrFirst's GoldRx™ certified Rcopia™ e-prescribing technology allows maximEyes users to submit regulatory-compliant e-prescriptions to pharmacies through a real-time, fail-safe, clinical transaction network.

Rcopia allows doctors and staff to work in both wired and wireless environments.

"First Insight has demonstrated its leadership in this industry by bringing the benefits of electronic prescribing to eye care professionals," said G. Cameron Deemer, president, DrFirst, Inc.

"We value their forward-thinking commitment to providing high-quality information tools to improve the prescription-writing process for their providers and patients," Deemer said.

"DrFirst's industry-leading technology and commitment to complying with state, federal, and local government prescribing regulations will be a huge benefit to maximEyes clients," said Nitin Rai, president and CEO of First Insight.

"The e-Prescribe Link will allow doctors to be one step ahead of electronic prescribing mandates, provide a higher level of patient service and safety by minimizing potential adverse drug events, and will increase staff productivity due to less time spent with pharmacy questions and renewal requests," Rai said.

Case studies suggest a savings of up to two hours per day for office staff with a faster, one-click, multi-prescription renewal process.

For additional information, visit *http://www.first-insight.com/downloads/e-prescribe_features_and_benefits.pdf*.

VisionWeb partners with AOA, announces affiliate royalties

VisionWeb announced an agreement with the AOA to provide support and sponsorship of AOA marketing initiatives to drive membership and participation in practice-building programs through 2009. The company also announced an increase in earnings for affiliates in the royalty program.

Under the terms of the agreement, VisionWeb will collaborate with the AOA to develop marketing campaigns targeted at more than 20,000 eye care providers who are current VisionWeb members.

VisionWeb will provide creative services and manage marketing campaign activities in exchange for recognition as an AOA silver-level corporate sponsor.

The AOA and VisionWeb have been aligned since the establishment of the equity affiliation agreement in 2003.

The AOA is represented among the VisionWeb Board of Directors and provides strategic guidance to the VisionWeb executive team.

Other collaborations include the VisionWeb AOA Royalty Program, which provides non-dues revenue for participating AOA state affiliates, and membership on the AOA Ophthalmic Council for the fifth consecutive year.

State revenue

Over the 12-month period ending in May, 31 AOA state affiliates earned a total of $47,053 in royalties from eye care product orders on VisionWeb.

Royalties grew 35 percent over same period ending May 2007, representing the largest royalty payout to date during the five-year history of the program.

"This program demonstrates VisionWeb's dedication to supporting independent optometry, and commitment to providing practice-building tools for AOA members," said Jeffrey B. Saddington, president and CEO of VisionWeb. "We are excited to see how more AOA members are embracing online ordering, leading to increased royalties each year."

Under the terms of the program, AOA members automatically earn royalties for their state affiliates by using VisionWeb to place their eye care product orders. A portion of the transaction fee associated with each order (the fee paid to VisionWeb by the supplier who receives the order) is earmarked as a royalty payment to the state affiliate that represents the ordering account.

AOA state affiliates participating in this program receive royalties from VisionWeb, exclusive of any agreements they may have with buying groups. VisionWeb remains independent, and ordering on VisionWeb does not interfere with buying group discounts or pricing relationships that ordering accounts may have with suppliers.

Interested AOA members should contact their state executive director or president to find out if their state participates in the program.

State affiliates interested in participating in the AOA Royalty Program can contact Jessica Clark, director of Marketing and Business Development for VisionWeb, at 512-241-8561.

"This program demonstrates VisionWeb's dedication to supporting independent optometry and commitment to providing practice-building tools for AOA members."

Yamane to retire

Stan Yamane, O.D., vice president of professional relations for VisionWeb, will retire effective Aug. 31.

"In my career, I have experienced the joy of caring for patients in my private practice, the thrill of working with Vistakon to successfully launch the disposable contact lens concept, and the honor of helping my colleagues to improve the way they do business through the use of technology," said Dr. Yamane. "It has been especially rewarding to work with VisionWeb where the collective goal is to improve the profession of eye care. I would like to thank my many colleagues for their ongoing support and dedication to helping the eye care industry reach its full potential. My retirement is the culmination of an exhilarating career and I am anxious to embark on my life's next big adventure."

"Stan Yamane has long been, and will remain, a very dear friend and colleague. His contribution to the eye care industry is truly immeasurable. VisionWeb is fortunate to have been influenced by his creativity and vast understanding of the needs of the eye care practitioner," said Saddington. "I speak for everyone at VisionWeb when I say that we are all fervent admirers of Stan Yamane. He has been an enthusiastic member of the VisionWeb team and we are honored to cheer him on as he enters this new, very well deserved, chapter of his life."

Trivex material offers advantages for children

Trivex lens material is great for kids getting ready for school because it keeps up with their busy lifestyles—offering clarity in the classroom, light weight for comfort throughout their day and impact-resistance for sports—not to mention 100 percent ultraviolet protection. Plus, NXT Rx sunlenses with Trivex material offer the latest in Intercast's color formulation and light filtration to meet kids' sunwear needs.

A PPG Industries survey shows that parents are less likely to let price affect their decision when choosing quality lens options for their kids than they are for themselves:

- **When asked to pick the response that most closely described their thoughts on choosing a lens material for themselves, 15 percent said that the price of the lens was their primary concern.**
- **When asked to pick the response that most closely described their thoughts on choosing a lens material for their children, 11 percent said price was their primary concern.**
- **At the same time, the majority (64 percent) of respondents felt that a combination of lens attributes (optics, thinness, light weight, impact resistance, etc.) are important considerations for their child's lens material.**

Vision-Ease expands line

Vision-Ease Lens (VEL) expanded its line with the launch of its Continua® semi-finished single vision (SFSV) 80mm lenses.

This new extension signifies VEL's commitment to provide the most versatile polycarbonate lens line for a wide variety of processing applications, according to VEL.

Continua SFSV 80mm lenses are available in a number of base curves, including 0.50, 1.00, 2.00, 3.00, 4.00, 5.25, 6.25, 7.50, 8.50 and 9.75. With a prescription range of +8.00 to -12.00, these lenses accommodate a variety of patient needs.

Featuring highly abrasion-resistant, thermal-cured hard coating, the new Continua lenses are compatible with all anti-reflective coating applications. The backside tints to a sunglass state and provides 100 percent protection from ultraviolet rays.

For more product specifications and order information, visit *www.vision-ease.com*.

MEETINGS

August

NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OPTOMETRY
21-Hour Therapeutic Pharmaceutical Agents Refresher Course
August 14-26, 2008
Aboard the Carnival Freedom (Mediterranean Cruise)
N. Scott Gorman, O.D.,
954/262-1462
scottg@nsu.nova.edu
http://optometry.nova.edu/ce

NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OPTOMETRY
GLAUCOMA UPDATE 2008
August 24, 2008
Fort Lauderdale, Florida
N. Scott Gorman, O.D.
954/262-1462
scottg@nsu.nova.edu
http://optometry.nova.edu/ce

TASTE AND CE ITALY
SUNY College of Optometry
August 27-September 1, 2008
Florence, Italy
Andrew Archila, O.D., MBA, FAAO
888/406-8166
questions@tasteandceitaly.com
www.tasteandceitaly.com

September

ENVISION CONFERENCE 2008
September 5-6, 2008
San Antonio, Texas
Michael Epp
316/425-7119
michael.epp@envisionus.com
http://www.envisionconference.org

STATE LEGISLATIVE CONFERENCE
American Optometric Association's State Government Relations Center
September 5-6, 2008
Indianapolis, Sherry Cooper
314/991-4266
slcooper@aoa.org

VERMONT OPTOMETRIC ASSOCIATION
100 YEAR ANNIVERSARY CELEBRATION AND FALL CE CONFERENCE
September 5-7, 2008
Hilton Hotel and Conference Center, Burlington, Vermont
Lisa Eriksson, O.D.
eriksson@gmavt.net
www.vtoptometrists.org

OPTOMETRIC EXTENSION PROGRAM FOUNDATION (OEPF)
68TH NORTHEAST CONGRESS OF OPTOMETRY
September 7-8, 2008
Westford Regency Inn & Conference Center (Greater metro Boston)
Kathleen Prucnal, O.D.
978/597-5227
drkaprucnal@msn.com

WEB 6: CURRENT TREATMENTS FOR AMD September 9, 2008 (viewable on demand for six months)
800/829-0500
www.lighthouse.org

VT/LEARNING RELATED VISUAL PROBLEMS (OEP Clinical Curriculum)
Optometric Extension Program Foundation
September 11-15, 2008
Grand Rapids, MI.
Theresa Krejci
800/447 0370
TheresaKrejciOEP@verizon.net
www.oep.org

MINNESOTA OPTOMETRIC ASSOCIATION
FALL MEETING
September 12-13, 2008
St. Cloud Civic Center, St. Cloud
Jessica E. Miller 952/841-1122
FAX: 952/921-5801
Jessica@mneyedocs.org
www.minnesotaoptometrists.org

39TH ANNUAL COLORADO VISION TRAINING CONFERENCE
Optometric Extension Program Foundation
September 12-14, 2008
YMCA of the Rockies, Estes Park, Colorado, George Hertneky
970/842-5166
hertnekyg@mac.com

PSS 2008: FORUM ON OPTOMETRY
September 13-14, 2008
Mystic Marriott Hotel, Groton, Connecticut
203/415-3087
education@psseyecare.com
www.psseyecare.com

PENNSYLVANIA OPTOMETRIC ASSOCIATION
GLAUCOMA UPDATE 2008
September 14, 2008
Nittany Lion Inn
State College, PA
Ilene K. Sauertieg
717/233-6455
Ilene@poaeyes.org
www.poaeyes.org

NEW MEXICO OPTOMETRIC ASSOCIATION
2008 FALL CONTINUING EDUCATION AND MID-YEAR MEETING, September 19-20,
Inn of the Mountain Gods Resort & Casino Ruidoso, NM
Richard Montoya
575/751-7242
fleece@laplaza.org

SOUTHERN COLLEGE OF OPTOMETRY
2008 FALL CONTINUING EDUCATION AND HOMECOMING WEEKEND
September 19-21, 2008
SCO Campus and The Peabody Memphis Hotel, Dr. Kristin K. Anderson, 901/722-3234
ce@sco.edu
www.sco.edu

SEPTEMBER "FALL" CONFERENCE
Maine Optometric Association, Inc.
September 19-21, 2008
Bethel Inn, Bethel, Maine
moa.office@maineeyedoctors.com
www.maineeyedoctors.com

FOURTH ANNUAL "SHARED VISIONS" 2008-2009 INTERNATIONAL ART EXHIBIT DEBUT, dessert and coffee reception, where 90 innovative works of art will be on display. These 50 blind and legally blind artists are from around the U.S. as well as from Israel, India, Sweden and Canada. Debut September 23, 2008, exhibit continues through mid-August 2009.
SCCO Eye Care Center
For More Information and RSVP: Contact Arlene Kaye
714-992-7865

WISCONSIN OPTOMETRIC ASSOCIATION
2008 CONVENTION AND ANNUAL MEETING
September 25-28, 2008
Marriott Madison West
Middleton, WI 53562
Joleen Breunig
800/678-5357
joleenwoaoffice@tds.net
www.woa-eyes.org

2008 LEAGUES UNDER THE CE
Nova Southeastern University College of Optometry
September 25-28, 2008
Atlantis, Paradise Island, Nassau, Bahamas N. Scott Gorman, O.D., 954/262-1462
scottg@nsu.nova.edu
http://optometry.nova.edu/ce

October

EASTWEST EYE CONFERENCE
OHIO OPTOMETRIC ASSOCIATION
October 2-5, 2008
Cleveland Convention Center
Linda Fette
800-999-4939 phone
614-781-6521 fax
www.eastwesteye.org
info@ooa.org

INTERNATIONAL VISION EXPO WEST
Las Vegas, Oct. 2-6
www.visionexpowest.com

SWING FORE SIGHT GOLF TOURNAMENT
TO SUPPORT PREVENT BLINDNESS AMERICA
Thursday, October 2, 2008 at Vision Expo West
Bali Hai Golf Club, Las Vegas, NV
Colleen Robbins, Prevent Blindness America, 312-363-6023
crobbins@preventblindness.org

KENTUCKY OPTOMETRIC ASSOCIATION FALL EDUCATIONAL CONFERENCE
October 3-5, 2008
Embassy Suites Hotel, Lexington,
800/320-2406
sarah@kyeyes.org
www.kyeyes.org

WEB 5: THE CHILD-FRIENDLY LOW VISION EXAM
October 3, 2008 (viewable on demand for 6 months [registration required])
800/829-0500
www.lighthouse.org

INDIANA OPTOMETRIC ASSOCIATION FALL SEMINAR
October 8-9, 2008
Indiana University Memorial Union, Bloomington, Indiana
317/237-3560
www.ioa.org

MISSOURI OPTOMETRIC ASSOCIATION
ANNUAL CONVENTION
October 9-12, 2008
Chateau on the Lake, Branson,
Lee Ann Barrett, O.D.
573/635-6151
moaed@moeyecare.org
info@moeyecare.org

HUDSON VALLEY OPTOMETRIC SOCIETY ANNUAL FALL SEMINAR
October 10, 2008
Hotel Thayer at West Point, New York Daniel Lack, O.D.
845/336-6124
dlack@hvc.rr.com

WISCONSIN OPTOMETRIC ASSOCIATION
2008 NORTHWOODS RETREAT
October 10-12, 2008
The Pointe, Minoqua, WI
Joleen Breunig 800/678-5357
joleenwoaoffice@tds.net
www.woa-eyes.org

VIRGINIA OPTOMETRIC ASSOCIATION
FALL CONFERENCE
October 11-12, 2008, at Wintergreen Resort in Wintergreen, VA. p: 804-643-0309
f: 804-643-0311
voaeyedocs@aol.com

COVD 38TH ANNUAL MEETING
Optometric Extension Program Foundation
October 13-18, 2008
Palm Springs, CA
www.covd.org

MICHIGAN OPTOMETRIC ASSOCIATION, October 15-16,
Lansing Center, Lansing,
www.themoa.org
517 482 0616

WEB 8: Understanding the LV Exam of the Adult
October 16, 2008 (viewable on demand for 6 months)
800/829-0500
www.lighthouse.org

ARKANSAS OPTOMETRIC ASSOCIATION FALL CONVENTION October 17-19,
Chateau on the Lake, Branson, MO
Vicki Farmer
501/551-7675
FAX: 501/372-0233
www.arkansasoptometric.org

NORTH DAKOTA OPTOMETRIC ASSOCIATION
105TH ANNUAL CONGRESS
October 16-18, 2008
Doublewood Inn, Bismarck, ND
701/258-6766
FAX: 701/258-9005
ndoa@btinet.net
www.ndeyecare.info

GREAT WESTERN COUNCIL OF OPTOMETRY CONGRESS 2008
October 16-19, 2008
Oregon Convention Center & Doubletree-Lloyd Center
Portland, OR
406/443-1160
www.gwco.org
mwangen@rmsmanagement.com

NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OPTOMETRY
Diabetes Symposium
October 18-19, 2008
Fort Lauderdale, Florida
N. Scott Gorman, O.D.,
954/262-1462
scottg@nsu.nova.edu
http://optometry.nova.edu/ce

SUNY-COLLEGE OF OPTOMETRY 7TH ANNUAL ENVISION NEW YORK October 18-20, 2008
Grand Hyatt, New York
Matthew Platarote 212/938-5830
FAX: 212/938-5831
mplatarote@sunyopt.edu
www.sunyopt.edu

NEBRASKA OPTOMETRIC ASSOCIATION
FALL CONVENTION
October 24-26, 2008
Holiday Inn & Convention Center, Kearney, Nebraska Joni Kral
402/474-7716
noa@assocoffice.net
www.noaonline.org

FELLOWSHIP OF CHRISTIAN OPTOMETRISTS, INTL.
EDUCATIONAL CONFERENCE
October 31-November 2, 2008
Brown County State Park, Nashville, Indiana
Michael Goen, O.D.
850/471-7674
foreknown@aol.com
www.fcoint.org/conference.html

See Calendar, page 23

To submit an item for the meetings calendar, send a note to eventcalendar@aoa.org

CLASSIFIEDS

Professional Opportunities

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CENTRAL PENNSYLVANIA. Well-established practice for sale due to retirement planning. Excellent opportunity for young energetic optometrist. Call 717 892 6761.

Central Maine. Busy multi OD/MD surgical practice has immed. opening for full and part time OD's for clinics. State of the art equipment Reliance Haag Streit, digital fundus and fluroscein, EMR, Stratus OCT, NIDEK Lasik, large optical shop and lab. Well staffed with trained techs. Salary, Bonus, 401k Medical. Voted top ten best places to raise a family in the US. EMAIL CV TO: ANDYDURK@YAHOO.COM

Charlottesville, Virginia Great place to practice, great place to raise a family, great place to live. Practice established in 1979. General practice, contact lens, glaucoma, and LASIK services. Vision therapy and neuro rehab services. Employment leading to buy-in. Dr's Clark, Covert and Associates. icgreat.net

Clinical Director Position Available Immediately. Professional, principle-centered, multi-site cataract and laser comanagement/referral center seeks optometrist for Clinical Director in the western states. Exciting growth potential. Excellent work environment including unique "team approach" between staff ODs and surgeons with full peer and management support. Ideal candidate will be residency trained in ocular disease and surgical comanagement with at least 3 years experience in like setting. Must have leadership and exceptional communication skills and be clinically independent. Excellent compensation and benefits package. Send CV and letter of interest to Dr. Cindy Murrill at cindy.murrill@pcli.com.

Colorado Practice for Sale. Exceptional private practice opportunity available in affluent metro Denver, Colorado. Complete optical and onsite-finishing lab. Located in a busy retail area. Price reduced to 65k. Additional 5K quick close incentive. Motivated seller. Contact contact@coffeyowens.com or 303-316-0331

ILLINOIS — Join our growing multi-location, group practice in Rushville, IL as we open a new high-tech, full-scope, patient-oriented office. Guaranteed salary with bonus and partnership options. 309-368-3682 or PHKehoe@aoa.org

ILLINOIS — Recruiting permanent part time OD for Menard Correctional Center (STL area). 5 days per month (M-F). Also 4 days per month at Graham Correctional Center (Hillsboro, IL) Flexible days. Additional areas w/in Illinois available as well. Good rate and flexibility. 309-368-3682 or PHKehoe@aoa.org

Littleton, Colorado $300K annual gross sales with part-time doctor, this long standing and well-established practice with significant medical cases, is located in a pleasant residential area. It is visible and located on a busy street. There is significant potential for growth. If interested, contact Dan Zebarth at (303) 468-0432.

Ohio, Cincinnati—Seeking professional optometrist. FT/PT. Please call Dr. Michelle Howell at 513-290-2823

OPTOMETRIST – Portland, Maine area. Full time leading to partnership in large privately owned optometric practice. Office fully equipped with GDx, OCT, topographer, Optos, anterior segment digital camera, pachymeter and on-site optical fabrication lab including cast molding and surfacing. Call or write Cynthia Johnson, Eye Care & Eye Wear Center of Maine, 151 Main Street, Westbrook, ME 04092, tel: 207-854-1801, www.eyecareofmaine.com

PRACTICE FOR SALE-California. A prime, long-established optometry practice grossing $2.2 million annually. State of the art equipment and technology. Well run practice with excellent management in place. Located in a smaller northern CA costal community. Financing Available. Call 800-416-2055.

PRIVATE PRACTICE FOR SALE - FLORIDA WEST COAST Tampa Bay area. 1 Mile from beach Very motivated seller 400K Gross; **SELLERS NEEDED FOR BUYERS SEEKING PRIVATE PRACTICES in Ohio, New York and Florida.** Contact Sandra Kennedy at National Practice Brokers (800) 201-3585.

Southern VA — High net practice needs associate/partner. Email vita with cover letter to seniorod@comcast.net Michael Bauman, OD

ST. LOUIS, MO - FULL TIME OPTOMETRIST. Full time optometrist needed for private practice in St. Louis. Highly progressive practice, state of the art equipment, the latest in technology, full scope eyecare. Great benefit package and great salary. Please forward CV and inquire via e-mail to: jjwachter@charter.net

Virginia, Roanoke Metro Area Optometrist F/T, top salary and benefits. Recent grads welcome to apply. Please call 732-502-0071.

WASHINGTON ST. Practice for sale. Gross $350+K / yr. on 4 day week. Rural paradise. Retiring O.D. Easy transition. 1-206-914-3450

Western Colorado. Rapidly expanding leading-edge 3-office private practice in Grand Junction, Montrose, Delta has opening for associate leading to partnership or purchase. Excellent compensation, bonus potential, and benefits. State of the art technology. Live, work, play where you have access to the best of Colorado and enjoy the mild desert climate. Email CV to dcale@bresnan.net

$150K MINIMUM GUARANTEE! Progressive, ethical optometrist with great people skills needed for high volume LASIK practice in fabulous Las Vegas, NV. This opportunity won't last long. Call Ken at 740.501.2543 or e-mail at kennylasik@hotmail.com

Miscellaneous

ALL LOANS for PRACTICES Unsecured Working Capital, Acquisition, Debt consolidation, Equipment, Expansion, Real estate, Start up. Up to 100% available. Call 888-277-6633 or visit www.promed-financial.com.

DO YOU WANT TO HELP CHILDREN? 1 out of 4 children struggle with vision problems that interfere with reading and learning. Detection and treatment of these vision problems could be your niche. Learn more about making vision therapy a profitable service in your practice. Call today to schedule a free consultation with Toni Bristol at Expansion Consultants, Inc., specializing in Vision Therapy practice management and marketing since 1988. Toll free 877/248-3823.

Eyeglasses sought for Darfur: Reading eyeglasses needed for project for Darfur refugees in Chad at 3 refugee camps (Bredjing, Treguine, and Gaga) as well as 18 local Chadian villages. Seeking donations of a total of 1,750 pairs of reading glasses (500 for each of the three refugee camps and 250 for the local Chadians.) So far, we have received 591 reading glasses – 100 from For Eyes Optical, 126 from Peeper Reading Glasses, 130 from Hilco, 169 from Equation, LLC, and 50 from Davis Vision – and another optical company has pledged 300 pairs, which when we receive them will total 891. Having achieved 50% of our reader goals in Chad, we are seeking 860 readers more. We have been asking optical companies if they can match the generous donations we have received, but any amount will make a difference and will be greatly appreciated. You can see how we've photographed the eyeglasses we've received, and posted info about the donation and the company at our website: www.bookwish.org. Our website describes the other aspects of "reading relief" (books, secondary school textbooks, library construction, and more.) Contact: Lorraine Kleinwaks, VP, Book Wish Foundation, lorraine@bookwish.org, www.bookwish.org

Find your optometric niche. The OEP Clinical Curriculum Courses can help you distinguish yourself in your community? Call 800 447 0370.

I NEED FRAMES, temples, bridges stamped 1/10th 12kG.F. (gold filled). New, old stock, or Used. Full, Semi, or Rimless styles. Contact GF Specialties, Ltd. 800/351-6926.

One of the leading reasons worldwide for blindness is the simple lack of a pair of glasses. VOSH (Volunteer Optometric Services to Humanity) is dedicated to battling this problem. The organization has made Nicaragua, the poorest country in Central America, a priority this year. In addition to a number of clinics that VOSH has run in poor rural areas of the country, they are establishing a lens processing lab in the poverty-stricken northern region of the country. VOSH is asking all U.S. optometrists to check their in-office labs for any excess or obsolete uncut plastic lenses they might be willing to donate to the cause. We need single vision or spherical bifocal plastic lenses. Our lab cannot process glass lenses so those are not needed. VOSH is also accepting new unused spectacle frames for use in the lab. Please call 800-300-4590 to arrange free UPS ground shipment of your unused inventory. Those lenses could make a poor Nicaraguan see and become a more productive member of society. VOSH also is soliciting donation of used optometric equipment to equip clinic sites. Contact information can be found on www.vosh.org.

Equipment for Sale

Keeler All Pupil BIO for sale. Has power supply and carrying case. Excellent condition. Please call (973) 769-8981. Thanks, Marianne B. Cidis, OD

New Ultromatic Phoroptor $3,2000 custom II chair/stand $1,900, Kerotometer $500 Vertometer $200 Cow refrection desk $600 Instrament tables $150 complete finishing lab $2,300 call (803) 345-6661

Pretesting Tables & Equipment For Less. Save hundreds even thousands on all your pretesting needs. Pretesting tables of all shapes and sizes For Less Guaranteed. If you are looking for quality equipment at the best price Call today. 800-522-2275

Classified Advertising Information

Effective the October 9, 2006 issue onwards, Classified advertising rates are are as follows: 1 column inch = $60 (40 words maximum) 2 column inches - $110 (80 words maximum) 3 column inches = $150 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is $30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. Classifieds are not commissionable. All advertising copy must be received by e-mail at k.spurlock@elsevier.com attention Keida Spurlock, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a "personal" nature are not accepted. The AOA NEWS publishes 18 times per year(one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Keida Spurlock - Elsevier ad sales contact - at 212.633.3986 for advertising rates for all classifieds and showcase ads.

Calendar

from page 18

November

CONNECTICUT ASSOCIATION OF OPTOMETRISTS
2008 ANNUAL EDUCATIONAL CONFERENCE
November 2 & 3, 2008
Mystic Marriott Hotel & Spa
Groton, CT
860/529-1900
info@cteyes.org
www.cteyes.org

HAWAII OPTOMETRIC ASSOCIATION
PACIFIC RIM OPTOMETRIC CONFERENCE
November 2-5, 2008
Grand Wailea
Kihei, Hawaii
Charlotte Nekota
808/537-5678
hoaopt@earthlink.net

ART & SCIENCE OF OPTOMETRIC CARE (OEP CLINICAL CURRICULUM)
Optometric Extension Program Foundation
November 6-10, 2008
Grand Rapids, MI
Theresa Krejci
800/447 0370
TheresaKrejciOEP@verizon.net
www.oep.org

WISCONSIN OPTOMETRIC ASSOCIATION
2008 PRIMARY CARE SYMPOSIUM
November 7-8, 2008
Kalahari Resort & Waterpark
Wisconsin Dells, WI
Joleen Breunig
800/678-5357
joleenwoaoffice@tds.net
www.woa-eyes.org

MASSACHUSETTS SOCIETY OF OPTOMETRISTS CE
November 9, 2008
Best Western Royal Plaza Hotel,
Marlborough, Massachusetts
Richard Lawless
508/875-7900
FAX: 508/875-0010
www.massoptom.org/events/eventView.asp?EventID=23

VT /VISUAL DYSFUNCTIONS (OEP CLINICAL CURRICULUM)
Optometric Extension Program Foundation
November 12-16, 2008
Phoenix, AZ
Theresa Krejci
800/447 0370
TheresaKrejciOEP@verizon.net
www.oep.org

WEST VIRGINIA OPTOMETRIC ASSOCIATION ANNUAL CONGRESS
November 13-16, 2008
Charleston Town Center Marriott,
Charleston, West Virginia
866/205-5897
exec@wvoa.com
www.wvoa.com

FALL CONGRESS
ARIZONA OPTOMETRIC ASSOCIATION
November 14-16, 2008
Hilton Sedona Resort and Spa,
Sedona, Arizona
602/279-0055

CALIFORNIA OPTOMETRIC ASSOCIATION
MONTEREY SYMPOSIUM
November 14-16, 2008
Monterey Convention Center,
Monterey, California
Tamalon Littlefield
916/441-3990, ext. 228
tlittlefield@coavision.org
www.montereysymposium.com

TEXAS OPTOMETRIC ASSOCIATION
2008 EYECON
November 15-16, 2008
The Radisson Dallas Love Field
Dallas, TX
Jennifer Martinez Bell
512/707-2020
TOAJennifer@austin.rr.com

PENNSYLVANIA OPTOMETRIC ASSOCIATION
GLAUCOMA UPDATE 2008
November 23, 2008
Hershey Lodge
Hershey, PA
Ilene K. Sauertieg
717/233-6455
www.poaeyes.org

December

WEB 10: The Impact of Vision Loss on Development
December 3, 2008 (viewable on demand for 6 months [registration required])
800/829-0500
www.lighthouse.org

AOA'S "BUILDING THE PAPERLESS PRACTICE" ELECTRONIC HEALTH RECORDS (EHR) SEMINAR.
Dec. 5-6 in Baltimore, Md.,
www.aoa.org.

51ST ANNUAL MEETING
SOUTH CAROLINA OPTOMETRIC ASSOCIATION
December 4-7, 2008
Marriott Resort and Spa, Hilton Head Island, South Carolina
803/799-6721
www.sc-eyecare.org

VT/STRABISMUS & AMBLYOPIA (OEP CLINICAL CURRICULUM)
Optometric Extension Program Foundation
December 4-7, 2008
Phoenix, AZ
Theresa Krejci
800/447 0370
TheresaKrejciOEP@verizon.net
www.oep.org

DECEMBER "ANNUAL" CONFERENCE
MAINE OPTOMETRIC ASSOCIATION, INC.
December 5-7, 2008
Hilton Garden Inn, Freeport, Maine
207/626-9920
moa.office@maineeyedoctors.com
www.maineeyedoctors.com

January

PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY
2009 GLAUCOMA SYMPOSIUM
January 10, 2009
Willows Lodge, Woodinville, Washington
Martina Fredericks
503/352-2207
frederim@pacificu.edu
www.pacificu.edu/optometry

PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY 2009 ISLAND EYES CONFERENCE
January 25-31, 2009
Kauai Marriott Beach Resort, Kauai, Hawaii
Jeanne Oliver
503/352-2740
Jeanne@pacificu.edu
www.pacificu.edu/optometry

February

MINNESOTA OPTOMETRIC ASSOCIATION
ANNUAL MEETING
February 5-7, 2009
Hyatt Regency Minneapolis, Minneapolis, MN
Jessica E. Miller
952/841-1122
FAX: 952/921-5801
Jessica@mneyedocs.org
www.minnesotaoptometrists.org

TEXAS OPTOMETRIC ASSOCIATION
109TH ANNUAL CONVENTION
February 12-15, 2009
Renaissance Austin Hotel
Austin, TX
Jennifer Martinez Bell
512/707-2020
TOAJennifer@austin.rr.com

THE HEART OF AMERICA CONTACT LENS SOCIETY
CONTACT LENS AND PRIMARY CARE CONGRESS
February 13-15, 2009
Hyatt Regency-Crown Center
Kansas City, MO
Dr. Steve Smith
918/341-8211
registration@hoacls.org
www.hoacls.org

INDIANA OPTOMETRIC ASSOCIATION OCULAR PHARMACOLOGY SEMINAR
February 18, 2009
Ritz Charles Conference Center, Carmel, Indiana
317/237-3560
www.ioa.org

AOA'S "BUILDING THE PAPERLESS PRACTICE" ELECTRONIC HEALTH RECORDS (EHR) SEMINAR.
Feb. 20-21, 2009,
San Francisco, Calif.
www.aoa.org

SECO INTERNATIONAL
SECO International 2009
March 4-8, 2009
Georgia World Congress Center, Atlanta, GA
www.seco2009.com

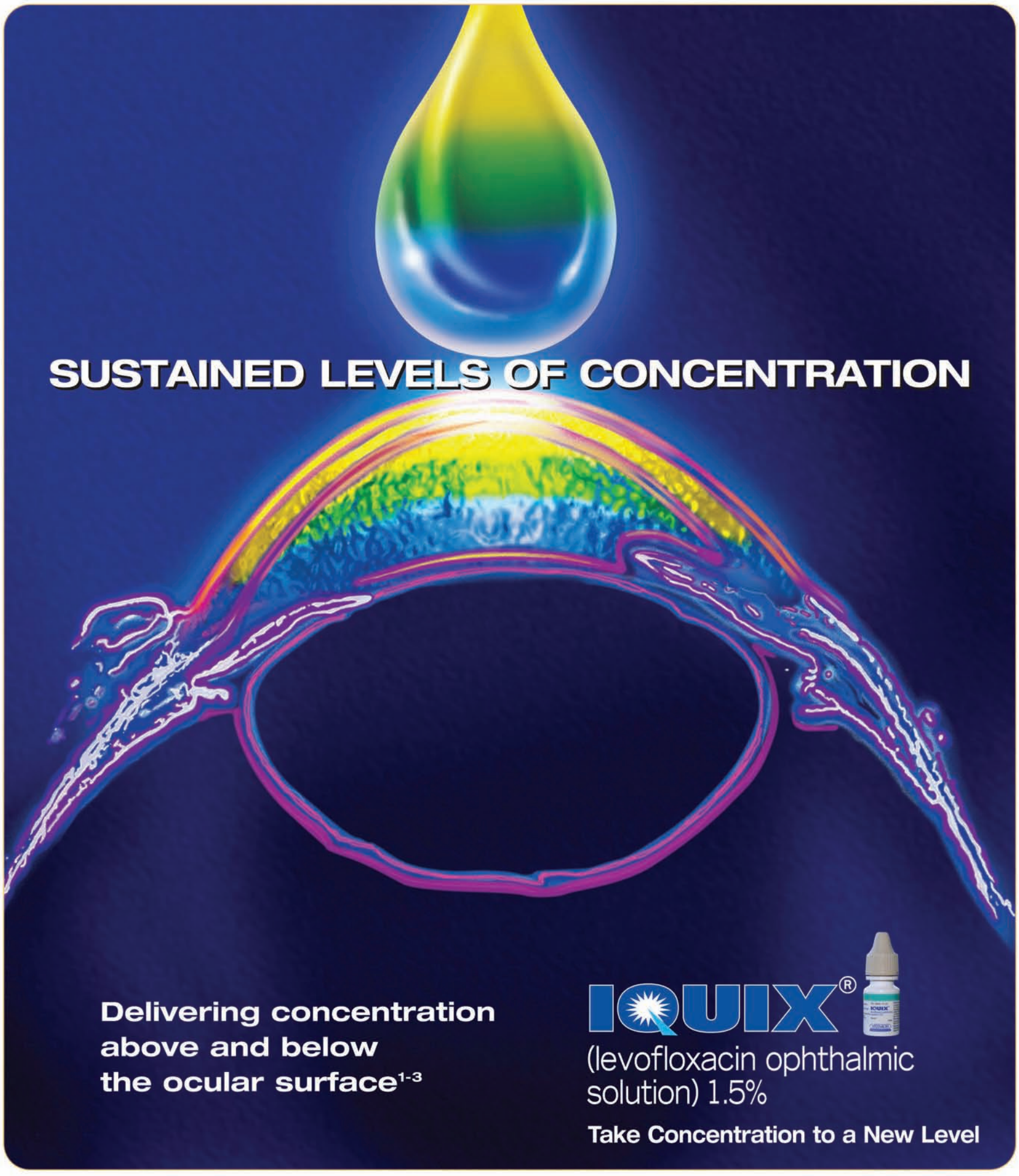
April

INDIANA OPTOMETRIC ASSOCIATION 112TH ANNUAL CONVENTION
April 17-19, 2009
French Lick and West Baden Springs Hotels
French Lick, Indiana
317/237-3560
www.ioa.org

ARKANSAS OPTOMETRIC ASSOCIATION
2009 SPRING CONVENTION
April 23-25, 2009
The Peabody Hotel, Little Rock, AR
Vicki Farmer
501/661-7675
FAX: 501/373-0233
aropt@swbell.net
www.arkansasoptometric.org

May

New Mexico Optometric Association
2009 Annual Convention
May 14-17, 2009
Embassy Suites Hotel
Albuquerque, NM
Richard Montoya
575/751-7242
fleece@laplaza.org



IQUIX® is indicated for the treatment of corneal ulcers. The ocular adverse events occurring in 1%-2% of patients included decreased/blurred vision, instillation site irritation/discomfort, ocular infection, and ocular pain/discomfort. The non-ocular adverse events occurring in approximately 8%-10% of patients were headache and taste disturbance. IQUIX® solution is contraindicated in patients with a history of hypersensitivity to levofloxacin, to other quinolones, or to any of the components in this medication.

References: 1. Walters TR, Hart W. Tear concentration of 1.5% levofloxacin ophthalmic solution following topical administration in healthy adult volunteers. *Invest Ophthalmol Vis Sci*. 2003;44: E-Abstract 4453. **2.** Data on file, VISTAKON® Pharmaceuticals. Pharmacokinetic report for comparative ocular penetration of levofloxacin, moxifloxacin and gatifloxacin following a single topical administration to the rabbit eye. Study No. 74202. **3.** Data on file, VISTAKON® Pharmaceuticals. A randomized, observer-masked, parallel-group, multicenter trial evaluating the ocular penetration of 1.5% levofloxacin ophthalmic solution and 0.3% gatifloxacin ophthalmic solution in subjects undergoing corneal transplant surgery. Clinical Study Report 16-007R. August 2, 2005.

Please see brief summary of full Prescribing Information on the next page.

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For more information, visit www.IQUIX.com